| No. W 29283 | | Due no later than Mar 31, 2018 | | 2. Registered Age | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|---|---|--|--|--|---------|----------------------------------|--|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. SAWYER/SMITH L.L.C. HOLLY B SMITH PO BOX 675 EMMETT ID 83617 | | 3800 E BLACK (EMMETT ID 8 | RICHARD D SMITH 3800 E BLACK CANYON HWY EMMETT ID 83617 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | | |
| 4. Limited Liability Compar Office Held | | nes and Addresses of | at least one Member or Manager. Street or PO Address | City | Ctata | Country | Postal Code | |
| MANAGER MANAGER MANAGER MANAGER | Name JON C SAWYER KIMBERLY C SAWYER RICHARD D SMITH HOLLY B SMITH | | 27120 HICKORY BLVD 27120 HICKORY BLVD 3800 E. BLACK CYN HWY 3800 E. BLACK CYN HWY | City BONITA SPRINGS BONITA SPRINGS EMMETT EMMETT | | Country | 34134 34134 83617 83617 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID W 29283 | | Signature: Holly b smith Name (type or print): Holly b smith | | | Date: 01/30/2018 Title: manager | | | |
| Processed 01/30/2018 | * Electronically provided signatures are accepted as original signatures. | | | | | | | |